## STATEMENT OF

RECEIVED

FORM 1		ORGANIZATION			1012 NOV -5 AM 9: 35			
NAME OF COMMITTEE (in full)		(Check if name is changed)		ole:If typing, type ne lines.	12FE4	1116 06 11	Qny)	
SOUTH CA	AROL	INA SENATO	RIAL	CAUCUS		<u> </u>	<del>                                     </del>	
ADDRESS (number and street)		P. O. BOX 8394						
(Check if address is changed)		DELRAY BEACH			FL 33482			
			CITY		STATE	Z	P CODE	
COMMITTEE'S E-MA  (Check if is change	address	ss (Please provide only one UnitedState:	_		cuses@	yahoo.c	om, ,	<u>_</u>
COMMITTEE'S WEB	PAGE AD	DRESS (URL)						
(Check if is changed								 
2. DATE 10	) <sup>™</sup> ′ 29	9°′ 2012						
3. FEC IDENTIFIC	CATION N	UMBER C						
4. IS THIS STATE	MENT X	NEW (N) OR		AMENDED (A)				
I certify that I have e	examined ti	his Statement and to the b	est of my kn	owledge and belie	f it is true, con	rect and compl	ete.	
Type or Print Name	of Treasure	RICHARD	KEVIN	STON				
Signature of Treasure	er(	Auf			Date	0" ′ 2̂9′	² ′ <b>20</b> ′1	Ž
NOTE: Submission of	false, erron	eous, or incomplete informati ANY CHANGE IN INFORMA			-		es of 2 U.S.C.	§437g.
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